

UNITED STATES HOUSE OF REPRESENTATIVES
2016 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

APPROVED MAY 05 2017
LEGISLATIVE RESOURCE CENTER
JOHN BRISCOE
(Office Use Only) MAY 4 PM 1:10

Name: JOHN BRISCOE Daytime Telephone: _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives <input type="checkbox"/> State: <u>ALABAMA</u> District: <u>4th</u>	<input type="checkbox"/> Officer or Employee <input type="checkbox"/> Employing Office: _____ <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2018 Annual (Due: May 2018) <input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Date of Termination: _____

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

APPROVED

JOHN BRISCOE

Page 2 of 2

Use additional sheets if more space is required

Page 7 of 7

BLOCK 1

Use additional sheets if more space is required

22

BLOCK D

Use additional sheets if more space is required

APPROVED

Name: JOHN BRISCOE

Page 6 of 42

Use additional sheets if more space is required.

APPROVED

JOHN BRISCOE

~~MAY 2~~ / 2018 / 20

Page 1 of 1

[illegible]

APPROVED

BRISCOE

MAY 5 - 12018 / 20 -

Use additional sheets if more space is required.

APPROVED

Page 9 of 22

Use additional sheets if more space is required

APPROVED

JOHN BRISCOE

Name: JOHN BRISCOE / 2018 / 20

Page 10 of 22

Use additional sheets if more space is required.

IMPROVED

BRISCOE

Page 11 of 20

Use additional sheets if more space is required.

Page 2 of 22

Use additional sheets if more space is required.

APPROVED

JOHN BRISCOE

Page 15 of 22

MAY 5 - 2018 / 20

Use additional sheets if more space is required

SCHEDULE B - TRANSACTIONS

APPROVED

Name: JOHN BRISCOE

MAY 5 / 2018/20

Page 14 of 22

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period for any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

* Column K is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YYYY) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction											
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)	
	Example Mega Corp. Stock			X		X	5/27/16		X										
	RENTAL 15732	X					8/28/16												
	RENTAL 14861 #200	X					8/28/16												
	RENTAL 116542 #100	X					8/28/16												
	RENTAL 14861 #200	X					8/28/16												
	RENTAL 18900 #112	X					4/24/17												
	RENTAL 18900 #111	X					4/24/17												
	RENTAL 18900 #346	X					4/24/17												
	RENTAL 18900 #330	X					6/7/17												
	RENTAL 18900 #357	X					8/30/17												
	RENTAL 18900 #105	X					4/24/17												
	RENTAL 18900 #345	X					4/24/17												
	RENTAL 2524 #6	X					12/28/17												
	RENTAL 354 #34	X					3/6/18												
	RENTAL 354 #31	X					3/28/18												
	RENTAL 354 #32	X					3/13/18												
	RENTAL 354 #33	X					4/4/18												
	RENTAL 1250 R.A.T. #2	X					4/24/18												
	RENTAL 1250 R.A.T. #5	X					2/7/18												
	RENTAL 1331 P.A.T. #9	X					6/29/17												

SCHEDULE B - TRANSACTIONS

Name: **BRISCOE**

Page **15** of **22**

APPROVED
MAY 5 - 2018 / 20

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

* Column K is for assets solely held by your spouse or dependent child.

SF, DC, JT

SP	DC	JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YYYY) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
				Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
			RENTAL 1001 # 103			X			1/3/19											
			RENTAL 1001 # 205				X		6/6/17											
			RENTAL 1001 # 208				X		4/21/17											
			RENTAL 1001 # 211				X		2/15/17											
			RENTAL 543 # 21F				X		3/13/17											
			RENTAL 543 # 22F				X		11/28/17											
			RENTAL 837 # 10		X				11/8/17											
			RENTAL 837 # 11				X		8/29/17											
			RENTAL 545 # 204				X		3/11/16											
			RENTAL 545 # 215				X		4/26/16											
			RENTAL 635 # 3				X		5/27/16											
			RENTAL 635 # 11				X		9/11/16											
			RENTAL 635 # 23				X		10/9/16											
			RENTAL 723 # 23				X		7/26/16											
			RENTAL 80 # 4D		X				12/11/17											

SCHEDULE C - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by a self-employed individual or government) for the reporting period. For a spouse, list the source and amount of any honoraria; list other the source for other sources earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)

Source (include date of receipt for honoraria)	Type	Amount
Examples:	Approved Taxpayers	\$10,000
State of Maryland	Legislative Pension	\$10,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	Nil
Ocean View School District Stipend	Legislative Pension	3,000
Ocean View School District Health Benefits	Legislative Pension	9,000
Ocean View School District Health Benefits	Legislative Pension	9,000
SSA Social Security	Commission	120,000
MANS INC. Pension	Pension	13,000
LAFFERTY PARRIS CONSULTING	Pension	6,000
MANORCE FORTRESS LTD	Pension	3,000
	Remuneration	700

APPROVED
Name: JOHN BRISCOE

2012

MAY 5 - 2018 120

Amount of Liability

[illegible]

SCHEDULE D - LIABILITIES

APPROVED

Name: JOHN BRISCOE

MAY 5 7 2018/20

Page 18 of 22

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/99	Mortgage on Rental Property, Dover, DE				X							
	BANK OF AMERICA 225 # 210	12/14/04	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 211	12/30/04	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 214	12/30/04	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 215	12/30/04	RENTAL HOME - KENILWORTH, NJ				X							
	US BANK 225 # 303	11/28/00	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 307	6/12/03	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 308	6/16/03	RENTAL HOME - KENILWORTH, NJ				X							
	US BANK 225 # 310	6/16/00	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 311	3/29/03	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 312	3/25/03	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 314	9/23/03	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 408	5/19/02	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 503	12/27/04	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 504	9/25/03	RENTAL HOME - KENILWORTH, NJ				X							
	BANK OF AMERICA 225 # 505	4/23/03	RENTAL HOME - KENILWORTH, NJ				X							

SCHEDULE D - LIABILITIES

APPROVED

Name: JIN BRISCOE

DATE: MAY 5 2018/20

Page 18 of 22

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/80	Mortgage on Rental Property, Dover, DE				X							
	BANK OF AMERICA 225 # 211	12/30/04	MORTGAGE, CONDO, CA				X							
	BANK OF AMERICA 225 # 214	12/30/04	MORTGAGE, CONDO, CA				X							
	BANK OF AMERICA 225 # 215	6/16/03	MORTGAGE, CONDO, CA				X							
	US BANK 225 # 303	11/28/00	MORTGAGE, CONDO, CA				X							
	BANK OF AMERICA 225 # 304	6/12/03	MORTGAGE, CONDO, CA				X							
	BANK OF AMERICA 225 # 308	6/16/03	MORTGAGE, CONDO, CA				X							
	US BANK 225 # 310	6/16/00	MORTGAGE, CONDO, CA				X							
	BANK OF AMERICA 225 # 311	3/29/03	MORTGAGE, CONDO, CA				X							
	BANK OF AMERICA 225 # 312	3/25/03	MORTGAGE, CONDO, CA				X							
	BANK OF AMERICA 225 # 314	9/23/03	MORTGAGE, CONDO, CA				X							
	BANK OF AMERICA 225 # 408	5/17/02	MORTGAGE, CONDO, CA				X							
	BANK OF AMERICA 225 # 503	12/27/04	MORTGAGE, CONDO, CA				X							
	BANK OF AMERICA 225 # 504	9/23/03	MORTGAGE, CONDO, CA				X							
	BANK OF AMERICA 225 # 505	4/23/03	MORTGAGE, CONDO, CA				X							

Page 22

2018/20

Amount of Liability

APPROVED
Man: JOHN BRISCOE
MAY 1968

Page 22 of 22

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Include:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

[illegible]

APPROVED

Name: JOHN BRISCOE

Page 21 of 22

APPROVED
JOHN BRISCOE

21 of 22

~~MAY 21 2014~~

Amount of Liability

SF - 7

Position

Name of Organization

Position	Name of Organization
EXECUTIVE TRUSTEE	CELANO VIEW SIGHT DISTRICT
BOARD PRESIDENT	PACIFIC POWER AND LIGHT
ASST. SECRETARY	BOY SCOUTS OF AMERICA
MEMBER	RECREATION CLUBS OF EL PASO
MEMBER	DEPT. OF TRANSPORT
MEMBER	CALIFORNIA RECREATION MANAGE MENT

Page 7 of 20

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (50 U.S.C. § 7342), political travel that is required to be reported under the Federal Election Campaign Act, travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

[illegible]